

CHAPTER 79
OTHER POLICIES RELATING TO PROVIDERS OF
MEDICAL AND REMEDIAL CARE

[Prior to 7/1/83, Social Services[770] Ch 79]

441—79.1(249A) Principles governing reimbursement of providers of medical and health services. The basis of payment for services rendered by providers of services participating in the medical assistance program is either a system based on the provider's allowable costs of operation or a fee schedule. Generally, institutional types of providers such as hospitals and nursing facilities are reimbursed on a cost-related basis, and practitioners such as physicians, dentists, optometrists, and similar providers are reimbursed on the basis of a fee schedule. Providers of service must accept reimbursement based upon the department's methodology without making any additional charge to the recipient.

79.1(1) Types of reimbursement.

a. Prospective cost-related. Providers are reimbursed on the basis of a per diem rate calculated prospectively for each participating provider based on reasonable and proper costs of operation. The rate is determined by establishing a base year per diem rate to which an annual index is applied.

b. Retrospective cost-related. Providers are reimbursed on the basis of a per diem rate calculated retrospectively for each participating provider based on reasonable and proper costs of operation with suitable retroactive adjustments based on submission of financial and statistical reports by the provider. The retroactive adjustment represents the difference between the amount received by the provider during the year for covered services and the amount determined in accordance with an accepted method of cost apportionment (generally the Medicare principles of apportionment) to be the actual cost of service rendered medical assistance recipients.

c. Fee schedules. Fees for the various procedures involved are determined by the department with advice and consultation from the appropriate professional group. The fees are intended to reflect the amount of resources (time, training, experience) involved in each procedure. Individual adjustments will be made periodically to correct any inequity or to add new procedures or eliminate or modify others. If product cost is involved in addition to service, reimbursement is based either on a fixed fee, wholesale cost, or on actual acquisition cost of the product to the provider, or product cost is included as part of the fee schedule. Providers on fee schedules are reimbursed the lower of:

- (1) The actual charge made by the provider of service.
- (2) The maximum allowance under the fee schedule for the item of service in question.

Payment levels for fee schedule providers of service will be increased on an annual basis by an economic index reflecting overall inflation as well as inflation in office practice expenses of the particular provider category involved to the extent data is available. Annual increases will be made beginning July 1, 1988.

There are some variations in this methodology which are applicable to certain providers. These are set forth below in subrules 79.1(3) to 79.1(9) and 79.1(15).

Copies of fee schedules in effect for the providers covered by fee schedules can be obtained by contacting the department's fiscal agent at the following address: Consultec, Inc., P.O. Box 14422, Des Moines, Iowa 50306-3422.

d. Monthly fee for service with cost settlement. Providers are reimbursed on the basis of a payment for a month's provision of service for each client enrolled in a case management program for any portion of the month based on reasonable and proper costs for service provision. The fee will be determined by the department with advice and consultation from the appropriate professional group and will reflect the amount of resources involved in services provision.

Providers are reimbursed throughout each fiscal year on the basis of a projected monthly rate for each participating provider, based on reasonable and proper costs of operation, pursuant to federally accepted reimbursement principles (generally Medicare or OMB A-87 principles) with annual retrospective cost settlement based on submission of actual costs of operation and service utilization data by the provider on financial and statistical reports. The cost settlement represents the difference between the amount received by the provider during the year for covered services and the amount supported by the actual costs of doing business, determined in accordance with an accepted method of cost appointment.

e. Retrospectively limited prospective rates. Providers are reimbursed on the basis of a rate for a unit of service calculated prospectively for each participating provider (and, for supported community living daily rates, for each consumer or site) based on projected or historical costs of operation, subject to the maximums listed in subrule 79.1(2) and to retrospective adjustment based on actual, current costs of operation so as not to exceed reasonable and proper costs by more than 2.5 percent.

The prospective rates for new providers who have not submitted six months of cost reports will be based on a projection of the provider's reasonable and proper costs of operation until the provider has submitted an annual cost report that includes a minimum of six months of actual costs. The prospective rates paid established providers who have submitted an annual report with a minimum of a six-month history are based on reasonable and proper costs in a base period and are adjusted annually for inflation. The prospective rates paid to both new and established providers are subject to the maximums listed in subrule 79.1(2) and to retrospective adjustment based on the provider's actual, current costs of operation as shown by financial and statistical reports submitted by the provider, so as not to exceed reasonable and proper costs actually incurred by more than 2.5 percent.

f. Contractual rate. Providers are reimbursed on a basis of costs incurred pursuant to a contract between the provider and subcontractor.

g. Retrospectively adjusted prospective rates. Critical access hospital providers are reimbursed prospectively on a DRG basis for inpatient care and an APG basis for outpatient care, pursuant to subrule 79.1(5), with retrospective adjustments based on annual cost reports submitted by the hospital at the end of the hospital's fiscal year. The retroactive adjustment equals the difference between the reasonable costs of providing covered services to eligible fee-for-service Medicaid recipients (excluding recipients in managed care), determined in accordance with Medicare cost principles, and the Medicaid fee-for-service reimbursement received on the DRG and APG basis. Amounts paid prior to adjustment that exceed reasonable costs shall be recovered by the department. The base rate upon which the DRG and APG payment is built shall be changed after any retrospective adjustment to reflect, as accurately as is possible, the reasonable costs of providing covered services to eligible fee-for-service Medicaid recipients for the coming year using the most recent utilization as submitted to the fiscal agent and Medicare cost principles.

79.1(2) Basis of reimbursement of specific provider categories.

| <u>Provider category</u> | <u>Basis of reimbursement</u> | <u>Upper limit</u> |
|-----------------------------|---|--|
| Ambulance | Fee schedule | Ground ambulance: Fee schedule in effect 6/30/01 less 3%. Air ambulance: A base rate of \$203.25 plus \$7.61 per mile for each mile the patient is carried. |
| Ambulatory surgical centers | Base rate fee schedule as determined by Medicare. See 79.1(3) | Fee schedule in effect 6/30/01 less 3% |
| Area education agencies | Fee schedule | Fee schedule in effect 6/30/00 plus 0.7% |
| Audiologists | Fee schedule | Fee schedule in effect 6/30/01 less 3% |

| <u>Provider category</u> | <u>Basis of reimbursement</u> | <u>Upper limit</u> |
|--|---|---|
| Birth centers | Fee schedule | Fee schedule in effect 6/30/01 less 3% |
| Case management providers | Monthly fee for service with cost settlement | Retrospective cost-settled rate |
| Certified registered nurse anesthetists | Fee schedule | Fee schedule in effect 6/30/01 less 3% |
| Chiropractors | Fee schedule | Fee schedule in effect 6/30/01 less 3% |
| Clinics | Fee schedule | Maximum physician reimbursement rate |
| Community mental health centers | Fee schedule | Reimbursement rate for center in effect 6/30/01 less 3% |
| Dentists | Fee schedule | Fee schedule in effect 6/30/01 less 3% |
| Durable medical equipment, prosthetic devices and medical supply dealers | Fee schedule. See 79.1(4) | Fee schedule in effect 6/30/01 less 3% |
| Family or pediatric nurse practitioners | Fee schedule | Fee schedule in effect 6/30/01 less 3% |
| Family planning clinics | Fee schedule | Fees in effect 6/30/01 less 3% |
| Federally qualified health centers (FQHC) | Retrospective cost-related See 441—88.14(249A) | 1. Prospective payment rate as required by the Medicare, Medicaid, and SCHIP Benefits Improvement and Protection Act of 2000 (BIPA 2000) or an alternative methodology allowed thereunder, as specified in “2” below. 2. 100% of reasonable cost as determined by Medicare cost reimbursement principles. 3. In the case of services provided pursuant to a contract between an FQHC and a managed care organization (MCO), reimbursement from the MCO shall be supplemented to achieve “1” or “2” above. |
| HCBS AIDS/HIV waiver service providers, including: | | |
| 1. Counseling | | |
| Individual: | Fee schedule | \$10.07 per unit |
| Group: | Fee schedule | \$40.26 per hour |
| 2. Home health aide | Retrospective cost-related | Maximum Medicare rate |
| 3. Homemaker | Fee schedule | \$18.49 per hour |
| 4. Nursing care | Agency’s financial and statistical cost report and Medicare percentage rate per visit | Cannot exceed \$74.77 per visit |

| <u>Provider category</u> | <u>Basis of reimbursement</u> | <u>Upper limit</u> |
|--|--|--|
| 5. Respite care providers, including: | | |
| Home health agency: | | |
| Specialized respite | Rate for nursing services provided by a home health agency (encounter services-intermittent services) | Maximum Medicare rate converted to an hourly rate not to exceed \$294 per day |
| Basic individual respite | Rate for home health aide services provided by a home health agency (encounter services-intermittent services) | Maximum Medicare rate converted to an hourly rate not to exceed \$294 per day |
| Group respite | Retrospectively limited prospective rates. See 79.1(15) | \$12.24 per hour not to exceed \$294 per day |
| Home care agency: | | |
| Specialized respite | Retrospectively limited prospective rates. See 79.1(15) | \$31.50 per hour not to exceed \$294 per day |
| Basic individual respite | Retrospectively limited prospective rates. See 79.1(15) | \$16.80 per hour not to exceed \$294 per day |
| Group respite | Retrospectively limited prospective rates. See 79.1(15) | \$12.24 per hour not to exceed \$294 per day |
| Nonfacility care: | | |
| Specialized respite | Retrospectively limited prospective rates. See 79.1(15) | \$31.50 per hour not to exceed \$294 per day |
| Basic individual respite | Retrospectively limited prospective rates. See 79.1(15) | \$16.80 per hour not to exceed \$294 per day |
| Group respite | Retrospectively limited prospective rates. See 79.1(15) | \$12.24 per hour not to exceed \$294 per day |
| Facility care: | | |
| Hospital or nursing facility providing skilled care | \$12.24 per hour | \$12.24 per hour not to exceed daily per diem for skilled nursing facility level of care |
| Nursing facility | \$12.24 per hour | \$12.24 per hour not to exceed daily per diem for nursing facility level of care |
| Intermediate care facility for the mentally retarded | \$12.24 per hour | \$12.24 per hour not to exceed daily per diem for ICF/MR level of care |

| <u>Provider category</u> | <u>Basis of reimbursement</u> | <u>Upper limit</u> |
|--|--|--|
| Foster group care | \$12.24 per hour | \$12.24 per hour not to exceed daily per diem rate for rehabilitative treatment and supportive services |
| Camps | Retrospectively limited prospective rates. See 79.1(15) | \$12.24 per hour not to exceed \$294 per day |
| Adult day care | \$12.24 per hour | \$12.24 per hour not to exceed rate for regular adult day care services |
| Child care facilities | \$12.24 per hour | \$12.24 per hour not to exceed contractual daily per diem |
| 6. Home-delivered meal providers | Fee schedule | \$7.19 per meal. Maximum of 14 meals per week |
| 7. Adult day care | Fee schedule | Veterans administration contract rate or \$20.54 per half day, \$41.09 per full day, or \$61.63 per extended day if no veterans administration contract. |
| 8. Consumer-directed attendant care: | | |
| Agency provider | Fee agreed upon by consumer and provider | \$18.49 per hour not to exceed the daily rate of \$106.82 per day |
| Individual provider | Fee agreed upon by consumer and provider | \$12.33 per hour not to exceed the daily rate of \$71.90 per day |
| HCBS brain injury waiver service providers, including: | | |
| 1. Supported community living | Retrospectively limited prospective rates. See 79.1(15) | \$32.64 per hour, \$73.61 per day |
| 2. Respite care providers, including: | | |
| Home health agency: | | |
| Specialized respite | Rate for nursing services provided by a home health agency (encounter services-intermittent services) | Maximum Medicare rate converted to an hourly rate not to exceed \$294 per day |
| Basic individual respite | Rate for home health aide services provided by a home health agency (encounter services-intermittent services) | Maximum Medicare rate converted to an hourly rate not to exceed \$294 per day |

| <u>Provider category</u> | <u>Basis of reimbursement</u> | <u>Upper limit</u> |
|---|---|---|
| Group respite | Retrospectively limited prospective rates. See 79.1(15) | \$12.24 per hour not to exceed \$294 per day |
| Home care agency: | | |
| Specialized respite | Retrospectively limited prospective rates. See 79.1(15) | \$31.50 per hour not to exceed \$294 per day |
| Basic individual respite | Retrospectively limited prospective rates. See 79.1(15) | \$16.80 per hour not to exceed \$294 per day |
| Group respite | Retrospectively limited prospective rates. See 79.1(15) | \$12.24 per hour not to exceed \$294 per day |
| Nonfacility care: | | |
| Specialized respite | Retrospectively limited prospective rates. See 79.1(15) | \$31.50 per hour not to exceed \$294 per day |
| Basic individual respite | Retrospectively limited prospective rates. See 79.1(15) | \$16.80 per hour not to exceed \$294 per day |
| Group respite | Retrospectively limited prospective rates. See 79.1(15) | \$12.24 per hour not to exceed \$294 per day |
| Facility care: | | |
| Hospital or nursing facility providing skilled care | \$12.24 per hour | \$12.24 per hour not to exceed daily per diem for skilled nursing facility level of care |
| Nursing facility | \$12.24 per hour | \$12.24 per hour not to exceed daily per diem for nursing facility level of care |
| Intermediate care facility for the mentally retarded | \$12.24 per hour | \$12.24 per hour not to exceed daily per diem for ICF/MR level of care |
| Residential care facilities for persons with mental retardation | \$12.24 per hour | \$12.24 per hour not to exceed contractual daily per diem |
| Foster group care | \$12.24 per hour | \$12.24 per hour not to exceed daily per diem rate for rehabilitative treatment and supportive services |
| Camps | Retrospectively limited prospective rates. See 79.1(15) | \$12.24 per hour not to exceed \$294 per day |

| <u>Provider category</u> | <u>Basis of reimbursement</u> | <u>Upper limit</u> |
|---|--|--|
| Adult day care | \$12.24 per hour | \$12.24 per hour not to exceed rate for regular adult day care services |
| Child care facilities | \$12.24 per hour | \$12.24 per hour not to exceed contractual daily per diem |
| 3. Personal emergency response system | Fee schedule | Initial one-time fee of \$46.22. Ongoing monthly fee of \$35.95. |
| 4. Case management | Fee schedule | \$575.49 per month |
| 5. Supported employment: Activities to obtain a job | Fee schedule | \$500 per unit not to exceed \$1,500 per calendar year |
| Supports to maintain employment | Retrospectively limited prospective rates. See 79.1(15) | Maximum of \$32.64 per hour for all activities other than personal care and services in an enclave setting. Maximum of \$18.49 per hour for personal care. Maximum of \$5.78 per hour for services in an enclave setting. Total not to exceed \$2,772 per month. Maximum of 40 units per week. |
| 6. Transportation | Fee schedule | State per mile rate |
| 7. Adult day care | Fee schedule | \$20.54 per half day, \$41.09 per full day, or \$61.63 per extended day |
| 8. Consumer-directed attendant care: Agency provider | Fee agreed upon by consumer and provider | \$18.49 per hour not to exceed the daily rate of \$106.82 per day |
| Individual provider | Fee agreed upon by consumer and provider | \$12.33 per hour not to exceed the daily rate of \$71.90 per day |
| 9. Home and vehicle modification | Fee schedule | \$500 per month, not to exceed \$6,000 per year |
| 10. Specialized medical equipment | Fee schedule | \$500 per month, not to exceed \$6,000 per year |
| 11. Behavioral programming | Fee schedule | \$10.07 per 15 minutes |
| 12. Family counseling and training | Fee schedule | \$40.26 per hour |
| 13. Prevocational services | Fee schedule | \$34.94 per day |

| <u>Provider category</u> | <u>Basis of reimbursement</u> | <u>Upper limit</u> |
|--|--|--|
| 14. Interim medical monitoring and treatment: | | |
| Home health agency: | | |
| Provided by home health aide | Rate for home health aide services provided by a home health agency (encounter services-intermittent services) | Maximum Medicare rate converted to an hourly rate |
| Provided by nurse | Rate for nursing services provided by a home health agency (encounter services-intermittent services) | Maximum Medicare rate converted to an hourly rate |
| Provided by a registered group child care home, registered family child care home, or licensed child care center | Contractual rate. See 441—subrule 170.4(7) | \$12.24 per hour |
| HCBS elderly waiver service providers, including: | | |
| 1. Adult day care | Fee schedule | Veterans administration contract rate or \$20.54 per half day, \$41.09 per full day, or \$61.63 per extended day if no veterans administration contract. |
| 2. Emergency response system | Fee schedule | Initial one-time fee \$46.22. Ongoing monthly fee \$35.95. |
| 3. Home health aides | Retrospective cost-related | Maximum Medicare rate |
| 4. Homemakers | Fee schedule | Maximum of \$18.49 per hour |
| 5. Nursing care | Fee schedule as determined by Medicare | \$74.77 per visit |
| 6. Respite care providers, including: | | |
| Home health agency: | | |
| Specialized respite | Rate for nursing services provided by a home health agency (encounter services-intermittent services) | Maximum Medicare rate converted to an hourly rate not to exceed \$294 per day |

| <u>Provider category</u> | <u>Basis of reimbursement</u> | <u>Upper limit</u> |
|---|--|--|
| Basic individual respite | Rate for home health aide services provided by a home health agency (encounter services-intermittent services) | Maximum Medicare rate converted to an hourly rate not to exceed \$294 per day |
| Group respite | Retrospectively limited prospective rates. See 79.1(15) | \$12.24 per hour not to exceed \$294 per day |
| Home care agency: | | |
| Specialized respite | Retrospectively limited prospective rates. See 79.1(15) | \$31.50 per hour not to exceed \$294 per day |
| Basic individual respite | Retrospectively limited prospective rates. See 79.1(15) | \$16.80 per hour not to exceed \$294 per day |
| Group respite | Retrospectively limited prospective rates. See 79.1(15) | \$12.24 per hour not to exceed \$294 per day |
| Nonfacility care: | | |
| Specialized respite | Retrospectively limited prospective rates. See 79.1(15) | \$31.50 per hour not to exceed \$294 per day |
| Basic individual respite | Retrospectively limited prospective rates. See 79.1(15) | \$16.80 per hour not to exceed \$294 per day |
| Group respite | Retrospectively limited prospective rates. See 79.1(15) | \$12.24 per hour not to exceed \$294 per day |
| Facility care: | | |
| Hospital or nursing facility providing skilled care | \$12.24 per hour | \$12.24 per hour not to exceed daily per diem for skilled nursing facility level of care |
| Nursing facility | \$12.24 per hour | \$12.24 per hour not to exceed daily per diem for nursing facility level of care |
| Camps | Retrospectively limited prospective rates. See 79.1(15) | \$12.24 per hour not to exceed \$294 per day |
| Adult day care | \$12.24 per hour | \$12.24 per hour not to exceed rate for regular adult day care services |
| 7. Chore providers | Fee schedule | \$7.19 per half hour |
| 8. Home-delivered meal providers | Fee schedule | \$7.19 per meal. Maximum of 14 meals per week. |

| <u>Provider category</u> | <u>Basis of reimbursement</u> | <u>Upper limit</u> |
|---|---|--|
| 9. Home and vehicle modification providers | Fee schedule | \$1000 lifetime maximum |
| 10. Mental health outreach providers | Fee schedule | On-site Medicaid reimbursement rate for center or provider. Maximum of 1440 units per year |
| 11. Transportation providers | Fee schedule | State per mile rate for regional transit providers or rate established by area agency on aging. |
| 12. Nutritional counseling | Fee schedule | \$7.70 per quarter hour |
| 13. Assistive devices | Fee schedule | \$102.71 per unit |
| 14. Senior companion | Fee schedule | \$6.16 per hour |
| 15. Consumer-directed attendant care: | | |
| Agency provider other than an assisted living program | Fee agreed upon by consumer and provider | \$18.49 per hour not to exceed the daily rate of \$106.82 per day |
| Assisted living provider | Fee agreed upon by consumer and provider | \$1,052 per calendar month. Rate must be prorated per day for a partial month, at a rate not to exceed \$34.60 per day |
| Individual provider | Fee agreed upon by consumer and provider | \$12.33 per hour not to exceed the daily rate of \$71.90 per day |
| HCBS ill and handicapped waiver service providers, including: | | |
| 1. Homemakers | Fee schedule | Maximum of \$18.49 per hour |
| 2. Home health aides | Retrospective cost-related | Maximum Medicare rate |
| 3. Adult day care | Fee schedule | Veterans administration contract rate or \$20.54 per half day, \$41.09 per full day, or \$61.63 per extended day if no veterans administration contract. |
| 4. Respite care providers, including: | | |
| Home health agency: | | |
| Specialized respite | Rate for nursing services provided by a home health agency (encounter services-intermittent services) | Maximum Medicare rate converted to an hourly rate not to exceed \$294 per day |

| <u>Provider category</u> | <u>Basis of reimbursement</u> | <u>Upper limit</u> |
|---|--|---|
| Basic individual respite | Rate for home health aide services provided by a home health agency (encounter services-intermittent services) | Maximum Medicare rate converted to an hourly rate not to exceed \$294 per day |
| Group respite | Retrospectively limited prospective rates. See 79.1(15) | \$12.24 per hour not to exceed \$294 per day |
| Home care agency: | | |
| Specialized respite | Retrospectively limited prospective rates. See 79.1(15) | \$31.50 per hour not to exceed \$294 per day |
| Basic individual respite | Retrospectively limited prospective rates. See 79.1(15) | \$16.80 per hour not to exceed \$294 per day |
| Group respite | Retrospectively limited prospective rates. See 79.1(15) | \$12.24 per hour not to exceed \$294 per day |
| Nonfacility care: | | |
| Specialized respite | Retrospectively limited prospective rates. See 79.1(15) | \$31.50 per hour not to exceed \$294 per day |
| Basic individual respite | Retrospectively limited prospective rates. See 79.1(15) | \$16.80 per hour not to exceed \$294 per day |
| Group respite | Retrospectively limited prospective rates. See 79.1(15) | \$12.24 per hour not to exceed \$294 per day |
| Facility care: | | |
| Hospital or nursing facility providing skilled care | \$12.24 per hour | \$12.24 per hour not to exceed daily per diem for skilled nursing facility level of care |
| Nursing facility | \$12.24 per hour | \$12.24 per hour not to exceed daily per diem for nursing facility level of care |
| Intermediate care facility for the mentally retarded | \$12.24 per hour | \$12.24 per hour not to exceed daily per diem for ICF/MR level of care |
| Residential care facilities for persons with mental retardation | \$12.24 per hour | \$12.24 per hour not to exceed contractual daily per diem |
| Foster group care | \$12.24 per hour | \$12.24 per hour not to exceed daily per diem rate for rehabilitative treatment and supportive services |

| <u>Provider category</u> | <u>Basis of reimbursement</u> | <u>Upper limit</u> |
|--|--|---|
| Camps | Retrospectively limited prospective rates. See 79.1(15) | \$12.24 per hour not to exceed \$294 per day |
| Adult day care | \$12.24 per hour | \$12.24 per hour not to exceed rate for regular adult day care services |
| Child care facilities | \$12.24 per hour | \$12.24 per hour not to exceed contractual daily per diem |
| 5. Nursing care | Agency's financial and statistical cost report and Medicare percentage rate per visit | Cannot exceed \$74.77 per visit |
| 6. Counseling | | |
| Individual: | Fee schedule | \$10.07 per unit |
| Group: | Fee schedule | \$40.26 per hour |
| 7. Consumer-directed attendant care: | | |
| Agency provider | Fee agreed upon by consumer and provider | \$18.49 per hour not to exceed the daily rate of \$106.82 per day |
| Individual provider | Fee agreed upon by consumer and provider | \$12.33 per hour not to exceed the daily rate of \$71.90 per day |
| 8. Interim medical monitoring and treatment: | | |
| Home health agency: | | |
| Provided by home health aide | Rate for home health aide services provided by a home health agency (encounter services-intermittent services) | Maximum Medicare rate converted to an hourly rate |
| Provided by nurse | Rate for nursing services provided by a home health agency (encounter services-intermittent services) | Maximum Medicare rate converted to an hourly rate |
| Provided by a registered group child care home, registered family child care home, or licensed child care center | Contractual rate. See 441—subrule 170.4(7) | \$12.24 per hour |
| 9. Home and vehicle modification | Fee schedule | \$500 per month, not to exceed \$6,000 per year |
| 10. Personal emergency response system | Fee schedule | Initial one-time fee of \$46.22. Ongoing monthly fee of \$35.95. |

| <u>Provider category</u> | <u>Basis of reimbursement</u> | <u>Upper limit</u> |
|--|--|---|
| 11. Home-delivered meal providers | Fee schedule | \$7.19 per meal. Maximum of 14 meals per week. |
| 12. Nutritional counseling | Fee schedule | \$7.70 per quarter hour |
| HCBS MR waiver service providers, including: | | |
| 1. Supported community living | Retrospectively limited prospective rates. See 79.1(15) | \$32.64 per hour, not to exceed a total per month of \$73.61 times the number of days in the month. \$73.61 per day. Variations to the upper limit may be granted by the division of medical services when cost-effective and in accordance with the service plan as long as the statewide average remains at or below \$73.61 per day. |
| 2. Respite care providers, including: | | |
| Home health agency: | | |
| Specialized respite | Rate for nursing services provided by a home health agency (encounter services-intermittent services) | Maximum Medicare rate converted to an hourly rate not to exceed \$294 per day |
| Basic individual respite | Rate for home health aide services provided by a home health agency (encounter services-intermittent services) | Maximum Medicare rate converted to an hourly rate not to exceed \$294 per day |
| Group respite | Retrospectively limited prospective rates. See 79.1(15) | \$12.24 per hour not to exceed \$294 per day |
| Home care agency: | | |
| Specialized respite | Retrospectively limited prospective rates. See 79.1(15) | \$31.50 per hour not to exceed \$294 per day |
| Basic individual respite | Retrospectively limited prospective rates. See 79.1(15) | \$16.80 per hour not to exceed \$294 per day |
| Group respite | Retrospectively limited prospective rates. See 79.1(15) | \$12.24 per hour not to exceed \$294 per day |

| <u>Provider category</u> | <u>Basis of reimbursement</u> | <u>Upper limit</u> |
|---|---|---|
| Nonfacility care: | | |
| Specialized respite | Retrospectively limited prospective rates. See 79.1(15) | \$31.50 per hour not to exceed \$294 per day |
| Basic individual respite | Retrospectively limited prospective rates. See 79.1(15) | \$16.80 per hour not to exceed \$294 per day |
| Group respite | Retrospectively limited prospective rates. See 79.1(15) | \$12.24 per hour not to exceed \$294 per day |
| Facility care: | | |
| Hospital or nursing facility providing skilled care | \$12.24 per hour | \$12.24 per hour not to exceed daily per diem for skilled nursing facility level of care |
| Nursing facility | \$12.24 per hour | \$12.24 per hour not to exceed daily per diem for nursing facility level of care |
| Intermediate care facility for the mentally retarded | \$12.24 per hour | \$12.24 per hour not to exceed daily per diem for ICF/MR level of care |
| Residential care facilities for persons with mental retardation | \$12.24 per hour | \$12.24 per hour not to exceed contractual daily per diem |
| Foster group care | \$12.24 per hour | \$12.24 per hour not to exceed daily per diem rate for rehabilitative treatment and supportive services |
| Camps | Retrospectively limited prospective rates. See 79.1(15) | \$12.24 per hour not to exceed \$294 per day |
| Adult day care | \$12.24 per hour | \$12.24 per hour not to exceed rate for regular adult day care services |
| Child care facilities | \$12.24 per hour | \$12.24 per hour not to exceed contractual daily per diem |

| <u>Provider category</u> | <u>Basis of reimbursement</u> | <u>Upper limit</u> |
|--|--|--|
| 3. Supported employment: | | |
| Activities to obtain a job | Fee schedule | \$500 per unit not to exceed \$1,500 per calendar year |
| Supports to maintain employment | Retrospectively limited prospective rates. See 79.1(15) | Maximum of \$32.64 per hour for all activities other than personal care and services in an enclave setting. Maximum of \$18.49 per hour for personal care. Maximum of \$5.78 per hour for services in an enclave setting. Total not to exceed \$2,772 per month. Maximum of 40 units per week. |
| 4. Nursing | Fee schedule as determined by Medicare | Maximum Medicare rate converted to an hourly rate |
| 5. Home health aides | Retrospective cost-related | Maximum Medicare rate converted to an hourly rate |
| 6. Personal emergency response system | Fee schedule | Initial one-time fee of \$38.42 Ongoing monthly fee of \$26.19 |
| 7. Home and vehicle modifications | Contractual rate. See 79.1(15) | Maximum amount of \$5,000 per consumer lifetime |
| 8. Consumer-directed attendant care: | | |
| Agency provider | Fee agreed upon by consumer and provider | \$18.49 per hour not to exceed the daily rate of \$106.82 per day |
| Individual provider | Fee agreed upon by consumer and provider | \$12.33 per hour not to exceed the daily rate of \$71.90 per day |
| 9. Interim medical monitoring and treatment: | | |
| Home health agency: | | |
| Provided by home health aide | Rate for home health aide services provided by a home health agency (encounter services-intermittent services) | Maximum Medicare rate converted to an hourly rate not to exceed the maximum daily per diem for ICF/MR level of care |
| Provided by nurse | Rate for nursing services provided by a home health agency (encounter services-intermittent services) | Maximum Medicare rate converted to an hourly rate not to exceed the maximum daily per diem for ICF/MR level of care |

| <u>Provider category</u> | <u>Basis of reimbursement</u> | <u>Upper limit</u> |
|--|---|---|
| Provided by a registered group child care home, registered family child care home, or licensed child care center | Contractual rate. See 441—subrule 170.4(7) | \$12.24 per hour not to exceed the maximum daily per diem for ICF/MR level of care |
| 10. Residential-based supported community living | Retrospectively limited prospective rates. See 79.1(15). | The maximum daily per diem for ICF/MR |
| HCBS physical disability waiver service providers, including: | | |
| 1. Consumer-directed attendant care: | | |
| Agency provider | Fee agreed upon by consumer and provider | \$18.49 per hour not to exceed the daily rate of \$106.82 per day |
| Individual provider | Fee agreed upon by consumer and provider | \$12.33 per hour not to exceed the daily rate of \$71.90 per day |
| 2. Home and vehicle modification providers | Fee schedule | \$500 per month, not to exceed \$6000 per year |
| 3. Personal emergency response system | Fee schedule | Initial one-time fee of \$46.22. Ongoing monthly fee of \$35.95. |
| 4. Specialized medical equipment | Fee schedule | \$500 per month, not to exceed \$6000 per year |
| 5. Transportation | Fee schedule | State per mile rate for regional transit providers, or rate established by area agency on aging. Reimbursement shall be at the lowest cost service rate consistent with the consumer's needs. |
| Hearing aid dispensers | Fee schedule plus product acquisition cost | Fee schedule in effect 6/30/01 less 3% |
| Home health agencies (Encounter services-intermittent services) | Retrospective cost-related | Rate in effect 6/30/01 less 3% |
| (Private duty nursing or personal care and VFC vaccine administration for persons aged 20 and under) | Interim fee schedule with retrospective cost settling based on Medicaid methodology | Rate in effect 6/30/01 less 3% |
| Hospices | Fee schedule as determined by Medicare | Medicare cap (See 79.1(14)“d”) |